## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address

as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a ne- for maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the		
DICKSTEIN SHAPIRO LLP 1825 Eye Street, NW Washington, DC 20006-5403				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Depositor's name)	
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APPLICATION NO.	FILING DATE	FIRST	NAMED INVEN	I COR	ATTORNEY DOCKET NO	(Date) O. CONFIRMATION NO.	
10/588,892	05/07/2007		torio Pasolini		J1036.0019/P019	4093	
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TITLE OF INVENTION:		TRACK OR THE		TRICAL CO	ONNECTION OF A C	ABLE TERMINAL TO	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLIC	ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	yes	\$755.00	\$3	00.00	\$1,070.00	06/17/2011	
EXAMINER		ART UNIT	CLASS-	SUBCLASS			
Not Yet Assigned 3726  1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list							
Correspondence "Fee Address" in form PTO/SB/47 Use of a Custom	espondence address (or Address form PTO/SB/I: dication (or "Fee Addres '; Rev 03-02 or more rece ter Number is required.	Change of 22) attached. (2) the a regis up to 2 name i	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Cembre S.p.A. Brescia, Italy							
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.							
x Publication Fee (No small entity discount permitted) x Payment by credit card. Form PTO-2038 is attached.							
X Advance Order -# of Copies 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073							
5. Change in Entity Sta	tus (from status indicate	d above)					
a. Applicant clair	ms SMALL ENTITY stat	tus. See 37 CFR 1.27.	b. Applic	ant is no longer	r claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	Publication FAE (if required	<ol> <li>will not be accepted fi</li> </ol>	rom anyone other	re-apply any pre than the applica	viously paid issue fee to the ap nt; a registered attorney or age	pplication identified above. ent; or the assignee or other party in	
Authorized Signature		C KOff			Date	May 9, 2011	
Typed or printed name Stephen A. Soffen					Registration No. 31,063		
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